FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087970

1. Corporation Name

J.J. FLANAGAN ASSOCIATES INC.

						<u> </u>	//	. a iti i rait (aiti	(88)/ 88)/ 100)
Principal Place	of Business	Mailing Add	iress			110011001111111111111111111111111111111		••••	
1100 SE 10TH ST. 1100 S.E. 10TH STREET									
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441						DO NOT WRITE IN THIS SPACE			
US									
						3. Date Incorporated or Qualifed		•	
						12/27/1993			- E- I F
2. Principal PI	ace of Business	2a. Mailing	Address			4. FEI Number		<u> </u>	plied For
21		26				65-0254112			ot Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re	
22		27							·
City & State	•	<u> </u>	City & State			6. Election Campaign Financing		\$5.00	, ,
23			28			Trust Fund Contribution Added to Fees			
Zip				Country	O. This solption of the control of t				
24	25	29		30		Personal Property Tax.	D	Yes	ATNo.
	9. Name and Address of Cur	rent Registered Ag	ent	- 04	l	10. Name and Address of New	kegisterea /	Agent	
	IACAN IANTO			81	Name				
FLANAGAN, JAMES			82	Street Add	dress (P.O. Box Number is Not Accept	able)			
1100 S.E. 10TH STREET						·	<u>-</u>		
UEE	RFIELD BEACH FL 33441			83				••	į
}				84	City			85 Zip (Code
				••	City		· FL	, 55	
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508,	Florida Statutes,	the abov	e-named cor	poration submits this statement for the	purpose of	changing its	registered
l office or re	egistered agent, or both, in the Sta n familiar with, and accept the ob	ate of Florida, Such (change was auth:	orized by	the corporal	tion's board of directors. I hereby acce	br rue abbon	iniieur as ie	gistered
-	in familiar with, and doospi the ob	ngations of, couldn't	557.5555, 1 101100		•				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Re	gistered Age	nt signature requi	ired when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FICERS AN	ID DIRECTO	DRS IN 12
TITLË	P		☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	FLANAGAN, JAMES J			1.2 NAME		•			
STREET ADDRESS	1100 S.E. 10TH STREET			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL			1.4 CITY-S	T-ZIP				
TITLE	DECIMIED DESCRIPTE		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME				2.2 NAME					
[_	TADORESS				
STREET ADDRESS					Į.				
CITY-ST-ZIP			☐ DELETE	2. 4 CITY-5 3.1 TITLE	31-219			☐ Change	☐ Addition
TITLE		, -, -,		3.1 HILE					_
NAME I									
STREET ADDRESS			1		TADDRESS				
CITY-ST-ZIP			□ pereze	3.4. C(TY+5	ST-ZIP			Change	Addition
TITLE			☐ DELETE	4.1 TITLE				Criange	
NAME	•			4. 2 NAME		•			
STREET ADDRESS	•		j	4.3 STREE	TADDRESS		•	,	
CITY-ST-ZIP	. .			4.4 CITY-5	T-ZIP				C 1 4 4 200
TITLE			☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	•			5.2 NAME		•			
STREET ADDRESS	•			5.3 STREE	TADDRESS				
CITY-ST-ZIP				5.4 CITY- S	T-ZIP				
TITLE	•		DELETE	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

April 21 1999 954-428-9081

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90050 008 ***150.00